

## CONFLICT OF INTEREST ANALYSIS UNDER 41 C.F.R. § 304-1.5

**ACCEPTANCE OF PAYMENT FROM A NON-FEDERAL SOURCE FOR TRAVEL EXPENSES** requires in all cases that a conflict of interest analysis be performed by an authorized agency official. The "authorized official" is a designated Ethics Advisor or REE Ethics Advisor(s). To ease administration of the requirement for a conflict of interest analysis, this outline tracks the elements of the regulation. The analysis should be accomplished on this page. Additional sheets may be attached if needed.

**IMPORTANT:** Payment from a non-Federal source shall not be accepted if the authorized agency official determines that acceptance under the circumstances would cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations.

In making this determination, an authorized agency official shall be guided by all relevant considerations, including, but not limited to:

- (1) The identity of the non-Federal source (*see reverse for identifying information*);
- (2) The purpose of the meeting or similar function;
- (3) The identity of other expected participants;
- (4) The nature and sensitivity of any matter pending at the agency affecting the interests of the non-Federal source;
- (5) The significance of the employee's role in any such matter specified in (4) above; and
- (6) The monetary value and character of the travel benefits offered by the non-Federal source.

**Analysis:** Would acceptance of the travel cause a reasonable person with knowledge of all the facts relevant to a particular case to question the integrity of agency programs or operations?

Yes \_\_\_\_\_ No \_\_\_\_\_

Explain your response to the above question: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**NOTE:** The authorized agency official may find that, while acceptance from the non-Federal source is permissible, it is in the interest of the agency to qualify acceptance of the offered payment by, for example, authorizing attendance at only a portion of the event or limiting the type or character of benefits that may be accepted.

The qualifications on acceptance, if any, are: \_\_\_\_\_

\_\_\_\_\_

RECOMMENDATION OF ETHICS ADVISOR: Accept \_\_\_\_\_ Do Not Accept \_\_\_\_\_

\_\_\_\_\_  
Signature of Ethics Advisor

\_\_\_\_\_  
Date

# RESEARCH, EDUCATION, AND ECONOMICS

## APPROVAL AND REPORT OF TRAVEL FUNDS RECEIVED FROM NON-FEDERAL SOURCES

**This form must be completed in its entirety or it will be returned.** 31 U.S.C. 1353, subsequently printed in Chapter 304, Part 1, of the Federal Travel Regulations (FTR), and governs the acceptance of payment for travel, subsistence, and related expenses from a non-Federal source, but not from a prohibited source, in connection with the attendance of an employee and/or accompanying spouse when applicable, at certain meetings and similar functions. Agencies are also required to submit semiannual reports of payments which total more than \$250 per event, and which have been accepted under this authority. The report is based on when payment is received rather than when travel is performed.

**All offices must submit their Approval and Report of Travel Funds Received From Non-Federal Sources for each event that totaled more than \$250 to:** USDA, ARS, Financial Management Division (FMD), Travel & Relocation Services Branch (TRSB), 5601 Sunnyside Avenue, Room 3-2176A, Beltsville, Maryland 20705-5114. **For the period October 1 through March 31 - submit reports by April 15,** and for the period **April 1 through September 30 - submit reports by October 15.**

**Each Approval and Report of Travel Funds Received From Non-Federal Sources must have a copy of the Letter of Offer, Conflict of Interest Analysis, and Letter of Acceptance attached when submitted to FMD.**

EMPLOYEE	SPOUSE (If Applicable)
<p>1. Name: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>MI</span> <span>Last</span> </div> </p> <p>2. Position Title : _____</p> <p>3. Duty Station : _____</p> <p>4. Telephone No.: (____) - ____ - _____</p> <p>5. Beginning Date of Travel: _____ - _____ - _____</p> <p>6. Ending Date of Travel : _____ - _____ - _____</p> <p>NOTES: _____          _____          _____</p>	<p>7. Name: _____  <div style="display: flex; justify-content: space-between; width: 100%;"> <span>First</span> <span>MI</span> <span>Last</span> </div> </p> <p>See FTR Chapter 304, Part 1, Acceptance of Payment From a Non-Federal Source for Travel Expenses and FPM Letter 451-7, Reimbursement of Travel Expenses of Individuals Attending Awards Ceremonies and REE Policy and Procedure 341.2, Acceptance of Travel Expenses from Non-Federal Sources</p> <p>8. Beginning Date of Travel: _____ / _____ / _____</p> <p>9. Ending Date of Travel: _____ / _____ / _____</p> <p>10. Reason for Spouse's Travel _____          _____</p>
EVENT INFORMATION	ACCEPTANCE INFORMATION
<p>9. Kind of event:(check one):</p> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Meeting</span> <span><input type="checkbox"/> Seminar</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Conference</span> <span><input type="checkbox"/> Speaking Engagement</span> </div> <p>10. Location of Event: _____  <div style="display: flex; justify-content: space-around; width: 100%;"> <span>City</span> <span>State/Country</span> </div> </p> <p>11. Title of Event: _____</p> <p>12. Name of Event Sponsor: _____</p> <p>Address: _____          _____</p>	<p>13. What expenses are being paid for by the non-Federal source?</p> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Common Carrier</span> <span><input type="checkbox"/> Lodging</span> </div> <div style="display: flex; justify-content: space-around;"> <span><input type="checkbox"/> Meals</span> <span><input type="checkbox"/> Other (Itemize) _____</span> </div> <p>_____</p> <p>14. .Value (in U.S. Dollars) received from non-Federal source:</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> In Kind</span> <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Paid to Agency</span> <span>\$ _____</span> </div> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Other (Explain)</span> <span>_____</span> </div>

*I certify that the information provided on this form and all attached documents are true, complete, correct, and comply with the guidelines of 41 CFR Part 304-1, Federal Travel Regulations, Acceptance of Payment From a Non-Federal Source, for travel expenses, to the best of my knowledge.*

Traveler's Signature \_\_\_\_\_ Date \_\_\_\_\_

*I certify that I approved acceptance of the above travel, subsistence and related expenses from the non-Federal source in advance of the proposed travel being accomplished by the employee and after having reviewed the conflict of interest analysis on the reverse of this sheet.*

Approving Official's \_\_\_\_\_ Date \_\_\_\_\_  
 Signature